

# Safe Neighborhood Parks Citizens' Oversight Committee

## *Application for Membership*

### SECTION I- *General Information*

This is an application for membership to the Safe Neighborhood Parks Citizens' Oversight Committee (SNPCOC). To be a member of the Oversight Committee you must meet certain requirements:

1. *You must be a resident of Miami-Dade County.*
2. *You must not be an elected official.*
3. *You must not serve on another advisory group created by the Miami-Dade County Commission.*

### SECTION II – *Applicant Contact Information*

Name (First, Middle, Last): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### SECTION III – *Applicant Information*

Membership on the SNPCOC will require approximately four (4) hours per month. Can you make this commitment?  
(Please check one) YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe membership(s) or volunteering activities in Organizations, Boards, Community Activities, Offices Held and Years:

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### SECTION III – Applicant Information (cont.)

Why do you want to serve on the SNPCOC? (*Attach an additional sheet if needed*)

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To meet the intent of the Safe Neighborhood Parks Ordinance 96-115, the Committee is comprised of members who are representative of the geographic, ethnic, racial and gender make-up of Miami-Dade County. Please check all the appropriate demographic information as it applies:

#### Gender

Male	
Female	

#### Race/Ethnicity (please choose one)

White/Non-Hispanic		Asian/Pacific Islander	
Black/Non-Hispanic		American Indian	
Hispanic		Other, please specify below	

Are you are permanent resident of Miami-Dade County? Yes \_\_\_\_\_ No \_\_\_\_\_

The Safe Neighborhood Parks Citizens' Oversight Committee includes a member from each of the thirteen (13) Miami-Dade County Districts. Please indicate the Commission District in which you reside. \_\_\_\_\_

### SECTION IV – Applicant Declaration

I, (candidate's name) \_\_\_\_\_ am a permanent resident of Miami-Dade County. If appointed I will be willing and able to discharge the responsibilities and functions of a member of the Safe Neighborhood Parks Citizens' Oversight Committee. I declare that I do not serve on any other board, or advisory group created by the Miami-Dade County Commission. I understand that service on the Safe Neighborhood Parks Citizens' Oversight Committee is voluntary and will require approximately four (4) hours of service each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You may mail, fax or submit your application in person to:**

**Office of Safe Neighborhood Parks  
South Dade Government Center  
10710 SW 211 Street, Room 109  
Miami, Florida 33189  
(305) 971-5055 Phone (305) 971-5060 Fax**

*Please address all question regarding this application to the Office of Safe Neighborhood Parks.*